Organization Information	on .				
Organization Legal Name		Tax ID	Number	61-11509	224
255. 144110.		Tuxib	Multibel.	01-11508	924
REBOUND, Inc.		DUNS	Number:	1585430	5
Mailing Address (include	physical address if	different	from maili	ng address):
1535 West Broadway, Lo	ouisville, KY 4020	3			<i>/-</i>
Contact Name/Title:					
Contact Name/Title:		Organiz	ation Presi	dent/CEO/E	xecutive Director
Kavin Dunlan Evacutive	Dinast		(name and title):		
Kevin Dunlap, Executive	Director	Kevin I	Dunlap, E	xecutive D	irector
Phone: (502) 566-3369		DI	(500) 55		
Phone: (502) 566-3369 Fax: (502) 568-4663			Phone: (502) 566-3369 Cell: (502) 468-9680		
E-Mail Address: kdunlap@	Mul ora		Fax: (502) 568-4663 E-Mail Address: kdunlap@lul.org		
Board President Name:	giai.org	_ ⊏-iviail /	-uaress:	kdunlap@lu	ll.org
Chip Hancock					
Phone: (502) 561-7129					
Fax: (502) 584-3753					
	ck@republicbank.com				
Activities	SKIEGI COUDING BAIN. COITI				
Please describe the CHDO-eligible	activities your organization	n plane to u	ndorteles is th	1.40	
	- Turning your organization	ni pians to u	ndertake in tr	ie next 12 mon	iths as a CHDO.
BUILDING TYPE:	EXPECTED USE:	CONCEN	ITRATION:	CONST	RUCTION ACTIVITY:
M Single Family buildings	115				
Single Family buildings	¥ Rental	X Single	e Site		Acquisition
Multi-family buildings	Homeownership	X Scatte	ered Site		New Construction
	~	A count	ored one	×	Rehabilitation
FOR RENTAL ON	LY:		FO	R HOMEOW	NERSHIP ONLY:
W CHOO will do Drong to MA					
CHDO will do Property Ma	anagement		 CHDO will do Homeownership Counseling 		
 CHDO will contract out for 	r Property Management		A CHOO will work with cotablish and I		otablished II
			CHDO will work with established Home-		
			ownersh	up Counseling	or replace homeowners
ervice Area				100	
order to receive certification an org	ganization must have a cl	early defined	geographic:	service area	The service area can
n order to receive certification an organization must have a clearly defined geographic service area. The service area can be an area larger than a single neighborhood but must be an area smaller than an entire state. If you will be serving a					
pecial population, the geographic boundaries and your service area must still be defined. Which of the following have you					
ncluded to demonstrate that your organization has a clearly defined geographic service area?					
Requirement Met2					
Charter					□ Yes □ No
Bylaws signed by the			A	Prticle	
Articles of Incorporat	ion		Section #		

P ai C	Attachments Checklist lease complete the applicant portion of this Checklist. Include the requested information in the attached check off the item in the Checklist. Articles of Incorporation, Bylaws, Charter, Memorandum of Uncontracts, Certifications and Resolutions must be signed and dated by the Board President or other automplete applications will not be considered.	derstanding.
1.	Legal Status	Metro Use Only
A	The nonprofit organization is organized under State or local laws. Provide a signed and dated copy, including all amendments, of the following: A Charter (Attachment 1) -OR- Articles of Incorporation (Attachment 1) Bylaws (Attachment 2) Resolutions (Attachment 3) Certificate of Existence (Attachment 4) Certificate of Good Standing (Attachment 5) Certificate of Incorporation (Attachment 6) Date of incorporation:	Requirement Met? Yes □ No
		Metro Use Only
В.	No part of its net earnings inure to the benefit of any member, founder, contributor, or individual. Identify the appropriate document and Section here below that indicates compliance.	Requirement Met? Yes □ No
	□ A Charter -OR-	
	Articles of Incorporation Section #	
		Metro Use Only
C.	Has either a tax exemption ruling or conditional designation from the Internal Revenue Service (IRS) under Section 501(c) of the Internal Revenue Code of 1986. As Attachment 7 , please provide a complete copy of: A 501(c) Certificate from the IRS, -OR- Letter of Conditional Designation from the IRS	Requirement Met? Yes □ No
		Metro Use Only
Ο.	Has among its purpose the provision of decent housing that is affordable to low- and moderate-income people. Identify the appropriate document and Section here below that indicates compliance.	Requirement Met? Yes □ No
	□ Charter □ Articles of Incorporation	

Section # Article I

X

Bylaws

Resolution

11.	Capacity	Metro Use Only
Α.	Conforms to the financial accountability standards of Attachment F of OMB Circular A-110, "Standards for Financial Management Systems". As Attachment 8 , please provide a copy of one of the following: A notarized statement by the president or chief financial officer of the organization. A certification from a Certified Public Accountant; - OR - A HUD-approved audit summary	Requirement Met? Yes □ No
		Metro Use Only
B.	Has demonstrated capacity for carrying out activities assisted with HOME funds. Staff Members must be paid and capacity cannot be met by volunteers As Attachment 8, please complete and attach: Staff Member information form (Metro Form CHDO-100); -AND- Resumes that describe the experience of key staff members who have successfully completed projects similar to those to be assisted with HOME funds; -AND- CHDO must demonstrate via Attachment 8, that it has the capacity in relation to the HOME governing owner, developer, or sponsor.	Requirement Met? Yes □ No
		Metro Use Only
	Has a history of serving the community(ies) where housing to be assisted with HOME funds will be produced. As Attachment 10, provide one of the following: Statement signed by the Board President that details at least one year of experience in serving each community for which Certification is sought, -OR-	Requirement Met? Yes □ No
	For newly-created organizations formed by local churches, service or community organizations, a statement signed by the Board President that details that its parent organization has at least one year of experience in serving each community for which Certification is sought.	
NO	The CHDO or its parent organization must be able to show one year of serving the community from the date the participating jurisdiction provides HOME funds to the organization. In the statement, the organization must describe its history (or its parent organization's history) of serving the community by describing activities which it provided (or its parent organization provided), such as developing new housing, rehabilitating existing stock, and managing housing stock, or delivering non-housing services that have had lasting benefits for the community, such as counseling, food relief, or childcare facilities. The statement must be signed by president of the organization.	

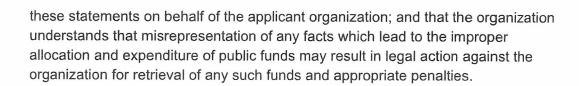
П	I. Oznavirational Chart	
H	I. Organizational Structure	Metro Use Only
A	. Maintains at least one-third of its governing board's membership for residents of low-income neighborhoods, other low-income community residents, or elected representatives of low-income neighborhood organizations.	Requirement Met? ✓ Yes No
	Identify the appropriate document and Section here below that indicates compliance.	
	Bylaws Charter Articles of Incorporation Bylaws Charter Section #	
	Under the HOME Program, for urban areas, the term "community" is defined as one or several neighborhoods, a city, county, or metropolitan area. For rural areas, "community" is defined as one or several neighborhoods, a town, village, county, or multi-county area (but not the whole state).	
		Metro Use Only
В.	Provides a formal process for low-income, program beneficiaries to advise the organization in all of its decisions regarding the design, sitting, development, and management of all HOME-assisted affordable housing projects.	Requirement Met? Yes □ No
	Identify the appropriate document and Section here below that indicates compliance.	
	The organization's Bylaws Resolutions, -OR- A written statement of operating procedures approved and signed by the	
	A written statement of operating procedures approved and signed by the governing body. Section # Article VII Sect. 5	
	Seg. 5	Metro Use Only
C.	A CHDO may be chartered by a state or local government; however, the state or local government may not appoint:	Requirement Met?
	(1) more than one-third of the membership of the organization's governing body;(2) the board members appointed by the state or local government may not, in turn, appoint the remaining two-thirds of the board members; and(3) no more than one-third of the governing board members are public officials.	
	Identify the appropriate document and Section here below that indicates compliance.	
	Bylaws Charter Articles of Incorporation Section #	
III.	Organizational Structure (continued)	Metro Use Only
D.	Is the CHDO sponsored or created by a for-profit entity?	Requirement Met?
	□ Yes 💢 No	Yes No

	If yes, the for-profit entity may not appoint CHDO's governing body and the board me not, in turn, appoint the remaining two-third Identify the appropriate document and Sec selecting the remaining two-thirds of the book Bylaws Charter Articles of Incorporation	embers appo ds of the boa ction here wh loard membe	ninted by the for-profit entity may ard members.	
	. Relationship with For-Profit Ent			Metro Use Only
A.	Does the CHDO have a relationship with a	a for-profit en	ntity?	
	Yes	No	N/A	Requirement Met? ✓ Yes 🗆 No
	If yes, the CHDO cannot be controlled by, entities seeking profit from the organization Section here below that indicates complian please include as Attachment 11 .	n. Identify th	e appropriate document and	
	The organization's Bylaws, -OR- A Memorandum of Understandin		Section #	
71				Metro Use Only
R	Is the CHDO sponsored or created by a fo	or profit optitu	12	Metro Ose Offig
Б.	Yes	No No	N/A	Requirement Met? Z Yes Jan No
	If yes, a CHDO may be sponsored or creat (1) The for-profit entity's primary purpose management of housing. Identify the a indicates compliance. The for-profit organization's Bylaws, Al	does not incl appropriate Se	ude the development or	YES - NOT SPONGERD BY FOR PROPOT
	(2) The CHDO is free to contract for goods own choosing. Identify the appropriate that indicates compliance. Bylaws Charter		2.0	
			Soction #	
	Articles of Incorporation		Section #	
V.	Housing as Primary Purpose			Metro Use Only
A.	Certification is available only to organization develop affordable housing. Please provide			Requirement Met? ✓ Yes No
	Copy of most current fiscal year's AND	s full operatin	ng budget categorized by program,	

Description of current and planned affordable housing activities.	
VI. Board Certification	Metro Use Only
A. The Board and its low-income representatives must certify that they meet the low-income CHDO requirements. As Attachment 13 , for each board member, please complete and attach:	Requirement Met? Yes □ No
Certification of Low-Income Representation Form (Metro Form CHDO-101)	
As Attachment 14, please complete and attach:	
Board Member Requirements form (Metro Form CHDO-102)	
	Metro Use Only
B. Do board members have professional skills directly relevant to housing development (e.g., real estate, legal architecture, finance, management)? If so as Attachment 15 , attach written documentation of each board member's profession and relative experience.	Requirement Met? Yes □ No
FOR METRO USE ONLY:	
Approved □ Disapprove	ed
HOME Program Manager Signature: KOCSuli	Date: <u>9-24-19</u>

STATEMENT OF CERTIFICATION

I hereby certify that all statements I have provided in this application and in the attachments herein are true; that I am authorized to sign this application and to make



KEVIN DUNIAP	9-12-19
Name (Typed)	Date
EXECUTIVE DIRECTOR	
Title (Executive Director, etc.)	
Deven Ounlas	
Signature /	
I hereby certify that the submission of this application has been a vote of the Board of Directors.	approved by a two-thirds
Name (Typed)	Date
Board President Signature	